Application for High Use Health Card (HUHC)

Te Whatu Ora
Health New Zealand

Please print clearly using capital letters.

Name and	address of medical/general pra	ctitioner	
Name			Te Whatu Ora use only Card No.
Name			
Address			
Address			
Phone number	Payee number NZMC n	umher	
0			
This applica	ation is made on behalf of:		
Mr Ma	ester Mrs Ms M	iss Please tick one)	
First name(s)		Last name	
Unit/Flat no.	Street no. Street name		
Suburb	<u>C</u>	ity/town	Postcode
NHI no.	Date of birth Previous	SHUHC no. Card expiry date	Y
This patient has re	eceived at least 12 health practitioner consult	tations within the last 12 months for a p	particular medical condition(s) which
is/are ongoing in r	nature. None of these services have been for Rehabilitation and Compensation Act 2001.	accident-related conditions which have	e been, or will be, reimbursed under the
The particular ongoing medical condition(s) is/are:			
	Care	ds Regulations 1993 and its amendments. A s	ummary of the dates and services provided is below.
Sign		nature of medical/general practitioner	Date
		nature of patient or guardian	Date
Record of v	isits		
Date (d/m/y) Name of Health Practitioner eg, 1/2/09 eg, Dr Bloggs or J Doe (nurse)		Reason for consultation (These must relate to the ongoing medical condition(s) stated above) eg, Asthma	
	L		
	I.		

Please email completed applications to: contactcentre@health.govt.nz

HP5863 August 2025